			_				444	
СО	PRPORATION NAME		MAIL Balance Missouri I	Due	enue	MAIL TO: Refund or No Amount Missouri Department of	nt Due of Revenue	
NUMBER AND STREET				P.O. Box 3365 Jefferson City, MO 65105-3		P.O. Box 700 Jefferson City, MO 65		
				FORM	/I M	IO-1120		
CITY OR TOWN, STATE, ZIP CODE				Missouri Corporation Missouri Corporation				
MIT	TS/MO I.D. NUMBER CHARTER NUMBER FEDERAL I.D. NU	MBER	INCOME TAX Return for 2004			FRANCHISE Return for 2	TAX	
			nei	turii ioi 2004		neturn for 2	005	
				ing, 20		Beginning, 2		
L	Income Toy	Bankruptcy	Ending	, 20	_ [Ending, 2	20	
L	Consider Federal/ Infante Change Return	990C	Balanc	e Sheet Date (I	MMDI	DYY)		
_	Address Change L 3	990T						
	A. Check this box if your assets in Missouri (Schedule MO-FT, Line 6a), or apportioned to Mis MO-FT, Line 6b) do not exceed \$1,000,000. You do not owe franchise tax. If your assets					TH (income and fra	nchise)	
\$1,000,000 threshold, you must complete and attach Schedule MO-FT and enter the franchise tax due						•		
	on the Form MO-1120, Line 15 below.					ANCHISE tax only		
×	1. Federal Taxable Income from Federal Forms 1120, Line 30 or 1120A, Line 26.				1		00	
Ξ	2. Corporation income tax from Missouri, or other states, their subdivisions, and District of			00				
Ш	Columbia deducted in determining federal taxable income	2		00				
õ	Total additions — Add Lines 2 and 3	<u>s</u>		1	4		00	
COMPUTATION OF INCOME TAX	4. Total additions — Add Lines 2 and 3				5		00	
	6. Balance — Line 1 plus Line 4 less Line 5				6		00	
					7		00	
	8. Missouri Taxable Income — all sources — Line 6 less Line 7				8		00	
ΤA	9. Missouri Taxable Income — if all Missouri income, repeat Line 8. If not, complete Schedule MO-MS and enter apportionment							
PU	method chosen, and the applicable %, Multiply Line 8 by the percentage				9		00	
S	10. Missouri Dividends Deduction (see instructions before entering an amount)				10		00	
Ö					11		00	
	12. Missouri Taxable Income — Line 9 less Line 10 and Line 11 13. Corporation Income Tax — 6.25% of Line 12				12		00	
J					13 14		00	
ΓAΧ	15. Corporation Franchise Tax (Complete Schedule MO-FT and attach balance sheet)				15		00	
					16		00	
ည	16. Total Tax — Add Lines 13, 14, and 15 17. Tax credits — (attach Form MO-TC)				17		00	
딞	17. Tax credits — (attach Form MO-TC)				18		00	
Z	19. Payments with Form MO-7004				19		00	
PΑ	20. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return				20		00	
CREDITS/PAYM	21. Subtotal — Add Lines 17 through 20				21		00	
띮	22. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted				22		00	
ü					23		00	
	24. If Line 23 is greater than Line 16, enter OVERPAYMENT here			Fund Trust Fund	24		00	
当	25. Amount remitted or amount of Children's Veterans Elderly Home	National Men	rkers' Trust F Code (Instruc	See Code (See				
٥	tax overpayment to be contributed Delivered Meals	Guard	\					
€	to the trust funds listed to the right. Place the total amount contributed on Line 25h. a b c	d e	f	q	25h		00	
REFUND OR TAX DUE	26. Overpayment to be applied to next filing period		1 -		26		00	
	Overpayment to be applied to next filing period				27		00	
킭	28. If Line 23 is less than Line 16, enter UNDERPAYMENT here				28		00	
E	Interest Penalty		orm MO-2220					
œ	29. Enter total amount on Line 29 \$		\$		29		00	
	30. TOTAL DUE — Add Lines 28 and 29 (U.S. funds only)	<u> </u>		. TOTAL DUE	30		00	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) return and attachments with the preparer or an						S DOR	
끭	is based on all information of which he/she has any knowledge. As provided in Chanter 143 RSMo, a penalty of up to			ared, any member of				
SIGNATURE	SIGNATURE OF OFFICER (REQUIRED) TITLE OF OFFICER			PHONE NUMBER		DATE SIGNED	⊢□ s	
흜				()			_	
တ	PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER) PREPARER'S FEIN, SSN, OR PTIN			PHONE NUMBER		DATE SIGNED	□ B	
				1 (

2004 FORM MO-1120 PAGE 2 **MISSOURI MODIFICATIONS — ADDITIONS** 1a. State and local bond interest (except Missouri) 00 00 1b. Less; related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 . . | 1b 00 2. Fiduciary and partnership adjustment (enter share of adjustment from 2 00 00 3 00 4 00 Total — Add Lines 1 through 4. Enter here and on Page 1, Line 3. MISSOURI MODIFICATIONS — SUBTRACTIONS 00 00 00 1b. Less: related expenses (omit if less than \$500). Enter Line 1a less Line 1b on Line 1 . . | 1b 00 2 00 00 4. Previously taxed income 4 5. Amount of any state income tax refund included in federal taxable income 5 00 00 6 PART 7. Fiduciary and partnership adjustment (enter share of adjustment from Form MO-1041, Page 2, Part 1, 00 7 00 8 00 00 10 11. Total — Add Lines 1 through 10. Enter here and on Page 1, Line 5 ... 00 11 FEDERAL INCOME TAX — CURRENT YEAR — Consolidated Federal/Separate Missouri Return — See Instructions. 00 2. Foreign tax credit (from Federal Form 1120, Schedule J, Line 6a) 00 2 3. Federal income tax — add Lines 1 and 2; multiply the total by 50%; and enter here and on Page 1, Line 7. Consolidated federal/separate Missouri returns must complete Lines 4-6 3 00 PART 00 4. Numerator (the amount of separate company federal taxable income) 00 5. Denominator (enter the total positive separate company federal taxable income) 6. Divide Line 4 by Line 5. Multiply by Line 3. Enter here and on Page 1, Line 7. (Consolidated federal/separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. 00 If information is not sent, the federal income tax deduction may be reduced to zero.) . CORPORATE INCOME — REASON FOR AMENDMENT Check one box indicating the reason for this amended Missouri return. The applicable Federal Form 1139, 1120X, 4549, 4549A, 870AD, and/or 5278 must be attached. This includes consolidated federal/separate Missouri filers. NOTE: A separate amended Form MO-1120 must be filed for each reason. ☐ C. LOSS CARRYBACK ☐ A. MISSOURI CORRECTION ONLY ☐ B. FEDERAL CORRECTION PART \square D. FEDERAL TAX CREDIT CARRYBACK \square E. IRS AUDIT (RAR) ☐ F. MISSOURI TAX CREDIT CARRYBACK* **DOR ONLY** *Enter on Part 5 Line 1 the first year that the credit became available. LOSS CARRYBACK OR FEDERAL TAX CREDIT CARRYBACK — AMENDED RETURN ONLY If a loss carryback or federal tax credit carryback is involved in this amended return, complete the following section. Consolidated federal/separate Missouri filers should report figures attributable to this separate Missouri return and attach a copy of the Federal Consolidated Form 1139 or 1120X showing the carryback or page 1 of the Federal Consolidated Form 1120 for the year of the loss to verify that only the separate company had the loss. Also, enclose a copy of the consolidated income statement for this year and the year of the loss. (If NOL or Missouri tax credit carryback, enter year that the credit first became available.) M M D D PAR 00 2. Total net capital loss carryback 00 3

Federal income tax adjustment — Consolidated federal/separate Missouri filers must attach computations ...

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